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**FACSIMILE COVER SHEET**

**TO:** Examiner Astorno, Michael C.

**FROM:** Michael K. O'Neill

**RE:** U.S. Application No. 09/867,614  
Attorney Docket No. 03560.002820

**FAX NO.:** (703) 872-9306

**DATE:** March 30, 2005

**NO. OF PAGES:** 15  
(including cover page)

**TIME:** 4:40

**SENT BY:** *Cina Marie*

**MESSAGE**

Attached are the following papers for the above-identified application:

1. Amendment; and
2. Transmittal for Amendment.

I hereby certify that this correspondence is being transmitted to the Patent and Trademark Office:

*Maud S. O'Neill* *Michael K. O'Neill*  
Date Signature

*MICHAEL K. O'NEILL*  
Name of person signing certificate

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03560.002820.

PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
YUKO TAMAKI, ET AL.	)	Examiner: Astorino, Michael C.
Application No.: 09/867,614	)	Group Art Unit: 3736
Filed: May 31, 2001	)	
For: BODY TEMPERATURE	)	
MANAGING METHOD AND	)	
DEVICE, STORAGE	)	
MEDIUM, BODY	)	
TEMPERATURE MANAGING	)	
SYSTEM, AND PROGRAM	:	March 30, 2005

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 1, 2005, please amend the above-identified application, as follows:

## Certificates of Transmission

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Michael K. O'Neill

Date

Signature

  
Michael K. O'Neill  
Name of person signing certificate

In re Application of:

YUKO TAMAKI, ET AL.

Application No.: 09/867,614

Filed: May 31, 2001

For: BODY TEMPERATURE MANAGING METHOD AND  
DEVICE, STORAGE MEDIUM, BODY TEMPERATURE  
MANAGING SYSTEM, AND PROGRAM

Docket No.

03560.002820.

Examiner: Astorino, Michael C.

Group Art Unit: 3736

Date: March 30, 2005

Mail Stop Amendment  
 THE COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	MINUS	100	= 0	x \$25 \$50	\$ .00
INDEP. CLAIMS	9	MINUS	28	= 0	x \$100 \$200	\$ .00
Fee for Multiple Dependent claims \$180°/\$360						\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						\$ .00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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Verified Statement claiming small entity status is enclosed, if not filed previously.

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Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

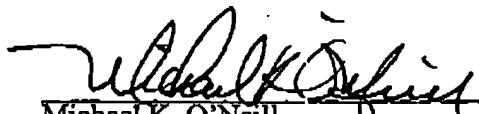
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill  
Attorney for Applicants  
Registration No.: 32,622

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